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31-31

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. of: Stinson, Jonathan S.

Art Unit: 3731

Serial No: 10/038,640

Examiner: Bradford C. Pantuck

Filed: January 4, 2002

Attorney Docket: 23,369-110

For: Prostheses Implantable in Enteral Vessels

TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

FEB 25 2004

TECHNOLOGY CENTER #3700

Enclosed herewith are the following items:

1. Election of Claims and Preliminary Amendment; and
2. Return receipt post card.

The Commissioner is authorized to charge any fee necessitated by this correspondence to Deposit Account No. 12-0449.

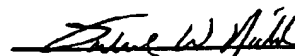
Any questions regarding this correspondence can be directed to Frederick W. Niebuhr at 952-896-1574.

03/26/2004 THAKIM 00000001-120449 10038640-
.01-FC:1253 110.00-DA

Respectfully submitted,

Scimed Life Systems, Inc.

Date: February 18, 2004


Frederick W. Niebuhr
Registration No. 27,717

Customer No. 23,452

Adjustment date: 05/27/2004 EEKURAYI
03/26/2004 THAKIM 00000001 120449 10038640
01 FC:1251 110.00 CR



Larkin Hoffman Daly & Lindgren Ltd

1500 Wells Fargo Plaza
7900 Xerxes Avenue South
Minneapolis, Minnesota 55431-1194

GENERAL: 952-835-3800
FAX: 952-896-3333
WEB: www.larkinhoffman.com

April 27, 2004

Refund Department/Deposit Accounts
Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

VIA FACSIMILE
703-308-6778

Re: Refund or Credit to Deposit Account for Application No. 10/038640
Deposit Account No. 120449

Dear Sir/Madam:


The above referenced application number is for a U.S. application filed January 4, 2002. Our deposit account was charged \$110.00 for fee code 1251. We filed a response to an Election/Restriction requirement which usually carries a one month deadline. The examiner indicated a three month deadline in the Election/Restriction Office Action mailed on December 29, 2004. We file a response to this action on February 18, 2004. Therefore, we filed the response within the three month deadline.

Enclosed is the office action showing the three month deadline.

We are requesting a refund or a credit to our deposit account of \$110.00. Please let me know if there is anything further that I need to submit to obtain this refund.

Thank you for your anticipated cooperation.

Sincerely,


Cathryn J. Quinn, Paralegal for
Larkin Hoffman Daly & Lindgren Ltd.

Direct Dial: 952-896-1513
Fax Number: 952-896-1537
Email: cquinn@larkinhoffman.com

937247.1

**Larkin
Hoffman**
ATTORNEYS

Larkin Hoffman Daly & Lindgren Ltd.

1500 Wells Fargo Plaza
7900 Xerxes Avenue South
Minneapolis, Minnesota 55431-1194

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Facsimile Cover Sheet

To: *Deposit Account*

Fax number: *703-308-6778*

From: *Cathy Quinn*

Phone number: *952-896-1513*

Date: *April 27, 2001*

Total pages sent, including cover: *2*

Copy to follow by U.S. Mail: *N*

Respond to fax number: *952-896-1537*

File number: *0880-00*

MESSAGE

Request For Refund.

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